

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23546**

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5551</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains,</u>		c. LENGTH OF STAY (in this place) <u>33 yrs.</u>		c. CITY OR TOWN <u>West Plains,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X Rural</u> <u>X</u>				e. STREET ADDRESS (If rural, give location) <u>Rte., 3,</u>			
3. NAME OF DECEASED (Type or Print) <u>Edna Lorene Henry</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>7-21-56</u>		5. SEX <u>7</u> <u>1</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>5</u>	
8. DATE OF BIRTH <u>5-25-24</u>		9. AGE (In years last birthday) <u>32</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>		11. IF UNDER 1 WRS. Hours <u>9</u> Min. <u>54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City, and State or Foreign Country) <u>West Plains, Mo.,</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>H. T. Henry</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Duncan</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>X</u> (If yes, give war or date of service) <u>X</u>	
16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. T. Henry, West Plains, Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Rheumatic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with Decompensation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>18 years</u> <u>6 mos</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>416 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) (Second)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>16 Sept 56</u> to <u>21 July 56</u> , that I last saw the deceased alive on <u>21 July 56</u> and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or Title) <u>W. T. Henry</u>		23b. ADDRESS <u>West Plains, Mo</u>	
23c. DATE SIGNED <u>Jul 21 1956</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>7-24-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bennett Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.,</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson's, West Plains, Mo</u>		25. ADDRESS <u>Robertson's, West Plains, Mo</u>		DATE REC'D BY LOCAL REG. <u>8-1-56</u>	
REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		26. (Licensed Embalmer's Statement on Reverse Side)					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 347

P. O. Address West Hall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.